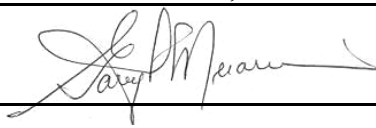

	OPERATING PROCEDURE	
	<i>SEMI-AUTOMATIC/AED DEFIBRILLATOR USE</i>	
	Effective Date: July 12, 1991	Revised: October 1, 2000
	Approved By: 	
Approved By Operational Medical Director: 		

BLS
I. Criteria for use:

- A. The patient must be in cardiac arrest.
- B. The patient must be greater than > 8 years old. There is no longer a weight requirement.
- C. There must be at least one semi-automatic/AED defibrillator trained EMS provider available to perform this procedure.

II. Initial procedure:

- A. Establish that the patient is in cardiac arrest. If the defibrillator unit is not ready to immediately analyze, begin cardiopulmonary resuscitation (CPR).
- B. Personnel shall prepare the semi-automatic defibrillator/AED for use. Turn the unit on.
- C. A voice record of each incident shall be maintained. This record shall be initiated by clearly stating:
 - 1. The date, time and location of incident
 - 2. The EMS provider's name
 - 3. The patient's condition; e.g., "The patient has no pulse or respirations. CPR is in progress," etc.
- D. While beginning the voice record, personnel shall:
 - 1. Bare the chest and prep the patient's skin
 - 2. Attach the cables to the defibrillator pads
 - 3. Apply appropriately labeled defibrillator pads to the upper right anterior chest and the lower left anterior chest as shown on the pads.

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III. General guidelines:

- A. Trained BLS personnel are authorized to defibrillate prior to contacting on-line medical control. (OLMC) However, OLMC should be contacted as soon as possible, particularly if the ALS providers or other transport unit will be delayed.
- B. Trauma patients and hypothermic patients should be defibrillated no more than three (3) times.
- C. Advise PSCC, the incoming ALS unit, and the receiving hospital unit of the patient's status.
- D. If, in rare circumstances, the on-scene BLS unit can package and transport the patient prior to the arrival of the ALS unit, they should do so. An ALS rendezvous/intercept should also be considered.

IV. Defibrillation sequence:

- A. To begin the defibrillation sequence:
 - 1. Stop CPR.
 - 2. Personnel shall immediately push the "**ANALYZE**" button, and shall not touch the patient.
 - 3. If the message "**SHOCK ADVISED**" appears:
 - a. The AED should automatically select and charge to the appropriate energy level. The EMS provider on-scene should ensure that the AHA sequence of 200j, 300j, 360j, etc. is followed to deliver three "stacked shocks".
 - b. After the defibrillator charges, clearly shout "**ALL CLEAR.**"
 - c. Ensure that no one, including the person operating the AED, is in contact with the patient.
 - d. When the defibrillator is fully charged, push the "**SHOCK**" button.
 - e. Immediately press analyze and follow subsequent commands.
 - f. If the AED continues to advise "**SHOCK ADVISED**" deliver up to 3 total defibrillations (200, 300, 360 joules)
 - g. If the first set of (3) defibrillations are not successful, and the ALS unit has not assumed patient care, then repeat up to three (3) more defibrillations for a total of six (6). If after the sixth defibrillation there is no change in the patient's condition, repeat the sequence in step 3. Contact OLMC and transport the patient via BLS or ALS unit as soon as possible.

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4. If at any time the message "**NO SHOCK ADVISED**" appears, personnel shall:
 - a. Stop CPR and defibrillation efforts. Check the patient's pulse.
 - b. If no pulse is detected, perform CPR for one (1) minute.
 - c. Press the ANALYZE button again.
 - d. Repeat this process up to three times. If the patient remains pulseless and the AED still continues to advise "**NO SHOCK ADVISED**" then CPR shall be resumed and maintained while awaiting arrival of an EMS transport unit. Consider transport.
 - e. If patient regains a pulse at any time, provide supportive care as appropriate.

V. Records management:

- A. Upon completion of the incident, a "**Code Summary**" will be printed and forwarded to the transporting EMS unit. An EMS incident report shall be completed, a second "**Code Summary**" should be printed and attached to it. The cassette tape from the semi-automatic defibrillator and a copy of the report should be forwarded to the Administrative Offices.